STATE OF NEVADA PETROLEUM FUND

APPLICATION

FOR ENROLLMENT OF ABOVE GROUND STORAGE TANKS

Ownership of Tank(s)   Location of Tank(s)

Owner Name:	Facility Name:
Mailing Address:	Facility Street Address:

Type of Facility:

Contact Person at Tank Location: Phone #

DESCRIPTION OF ABOVE GROUND TANKS (Complete for each tank at this location)					
Tank Identification Number:					
	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___
1. Date of Installation:					
2. Status of Tank:					
Currently in Use					
Temporarily Out of Use (Date Last Used)					
Permanently Out of Use (Date Last Used)					
3. Tank Material (steel, fiberglass, etc.)					
4. Tank Bottom(s)					
Is Tank on Soil?					
If yes, is it Cathodically Protected?					

Tank Identification Number:	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___
5. Piping Material					
Galvanized Steel					
Cathodically Protected					
Fiberglass					
Unknown					
Other (please specify)					
6. Capacity					
7. Substance Currently or Last Stored					
Gasoline					
Diesel					
Kerosene					
Used Oil					
Other (Please Specify)					

I,_____, owner of the tank(s) summarized on this application, pursuant to NRS 590.920 subsection 2, request registration of the tank(s) listed for coverage under the State of Nevada Petroleum Fund.

I am aware of the regulations in chapters 459 and 590 of the Nevada Administrative Code (NAC) and will comply with them.

_____

Owner's Signature   Date

Please remit an enrollment fee of $100.00 for each tank. Fiscal years begin October 1, and end September 30 of each year. Coverage begins 6 months from date of receipt of this application and payment unless this is a continuing enrollment. Forward your payment and the original application after making a copy for your files to:

Nevada Division of Environmental Protection
Petroleum Fund- Attn: PET
901 S Stewart Street, Ste. 4001
Carson City, NV 89701